



Health Services
LOS ANGELES COUNTY

September 8, 2009

**Los Angeles County
Board of Supervisors**

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Third District

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Fourth District

Michael D. Antonovich
Fifth District

TO: Each Supervisor

FROM: John F. Schunhoff, Ph.D.
Interim Director

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS,
HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED
TO THE TRANSITION TO THE NEW LAC+USC MEDICAL
CENTER – PROGRESS REPORT #19 (Agenda Item #S-1,
September 8, 2009)**

John F. Schunhoff, Ph.D.
Interim Director

Robert G. Splawn, M.D.
Interim Chief Medical Officer

313 N. Figueroa Street, Room 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is not the full monthly operational report but an interim report of emergency Department (ED) and hospital admission volumes and specialty services with trends to include the month of August 2009.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of August was 592 out of 671 licensed beds, an estimated 86% utilization rate (88% occupancy). The census for Medical/Surgical units was an estimated 96% utilization rate (98% occupancy) for August 2009.

Emergency Department and Hospital Admission Volume Trending

Attachment 1 demonstrates the trending of ED registration and admissions to both the ED and the hospital. Over the last several months there have been minimal increases and decreases of 3-4% in these volumes.

Specialty Services

Attachment 2 shows the ADC trends for the specialty areas of OB/GYN, Pediatrics, ICU, Psychiatry, Jail and Burn units. These areas will continue to fluctuate, primarily based on the types of patients presenting to the ED.

Additional Information Requested

On August 25, 2009, your Board requested the Chief Executive Officer, in consultation with the Acting County Counsel, to include in the next report what circumstances would trigger the transfer of patients, and whether patients have the right to decline transfer under severely overcrowded situations. DHS is also including responses to additional questions posed by Supervisor Molina. In addition, your Board requested the Interim Director of Health Services to report back on: 1) The continuing discussions between the Office of Managed Care and interested Health Plans; 2) Which Health

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Plans the Department of Health Services (Department or DHS) has met with; and 3) The outcome of those discussions. Responses to those questions are included below.

Background on Surge Plan and Crowding Score System -- As part of requirements for The Joint Commission accreditation, each hospital must develop a disaster plan for the purpose of responding to surges of patients, either during the normal course of daily operation or as a result of an external disaster. LAC+USC Medical Center's Surge Plan is designed around the use of the National ED Overcrowding Study (NEDOCS) scoring which is an objective measure of ED and hospital volumes. Levels of crowding are determined by a score which is calculated using statistically significant variables, including but not limited to, total patients in the ED, number of patients on respirators, and total admits waiting in the ED. This scoring system then drives certain actions to be taken at various levels which are designated by a color coding system and terms ranging from Not Busy to Dangerously Overcrowded.

In addition to the Surge Plan, the hospital has contracted for a physician intensivist, dually privileged at both Rancho Los Amigos (Rancho) and LAC+USC, to function in the ED at LAC+USC at least eight hours/day Monday through Friday specifically to identify patients that meet criteria for transfer to Rancho. Not all patients meeting criteria are transferred if LAC+USC is not in an overcrowded situation.

Circumstances Triggering Transfer of Patients -- Beyond the daily transfer of patients to Rancho as described above, during the NEDOCS score of Orange/Overcrowded, the response matrix includes increasing appropriate ED transfers to Rancho as well as to other DHS hospitals when beds are available. During the NEDOCS scale of Red/Severely Overcrowded, the response matrix includes coordination of patient transfers, both Medi-Cal and indigent, out to private hospitals. In addition, the Temporary ED Overflow area of the Diagnostic and Treatment Tower are staffed to decompress up to eleven patients at one time. During the NEDOCS score of Black/Dangerously Overcrowded, the response matrix includes closing to paramedic ambulance traffic and maximizing efforts to coordinate patient transfers, including the addition of necessary Utilization Review staff.

Patients Right to Decline Transfer -- County Counsel has provided by separate letter, a report back to the Board on whether patients have the right to decline transfer under severely overcrowded situations.

Plan to Improve Bed Turn Around Times -- A six-month Performance Improvement Project has been developed to reduce bed turn-around-time (BTAT) to no more than three hours, on average. This project began in August with the establishment of an oversight committee and revised steering and patient flow committees to focus on the specific issue of BTAT. In addition, the hospital will be developing a computerized tracking system to monitor and review progress.

Contracted Beds and Utilization -- DHS currently has a contract with St. Vincent Medical Center for 5-10 beds, based on available capacity. In addition, transfers of Medi-Cal patients to a number of surrounding hospitals are being made on an ongoing basis. If, after transfer, it is determined that the patient is ineligible for Medi-Cal, reimbursement is made for indigent patients pursuant to County Code 2.76.230, County medical facilities.

In September, the Department will bring forward a request for delegated authority to enter into agreements with other surrounding hospitals to take indigent patients with agreed upon reimbursement.

Health Plan Agreements for Specialty Care – The Department, through its Office of Managed Care is currently in confidential discussions with several health plans for specialty bed capacity in areas of Burn, OB/GYN and pediatrics only. By confidential memo, we have provided the names of these health plans. We will continue to update your Board on outcomes of negotiations and bring any contract to your Board for approval.

If you have any questions or need additional information please contact Carol Meyer, Chief Network Officer, at (213) 240-8370 or me.

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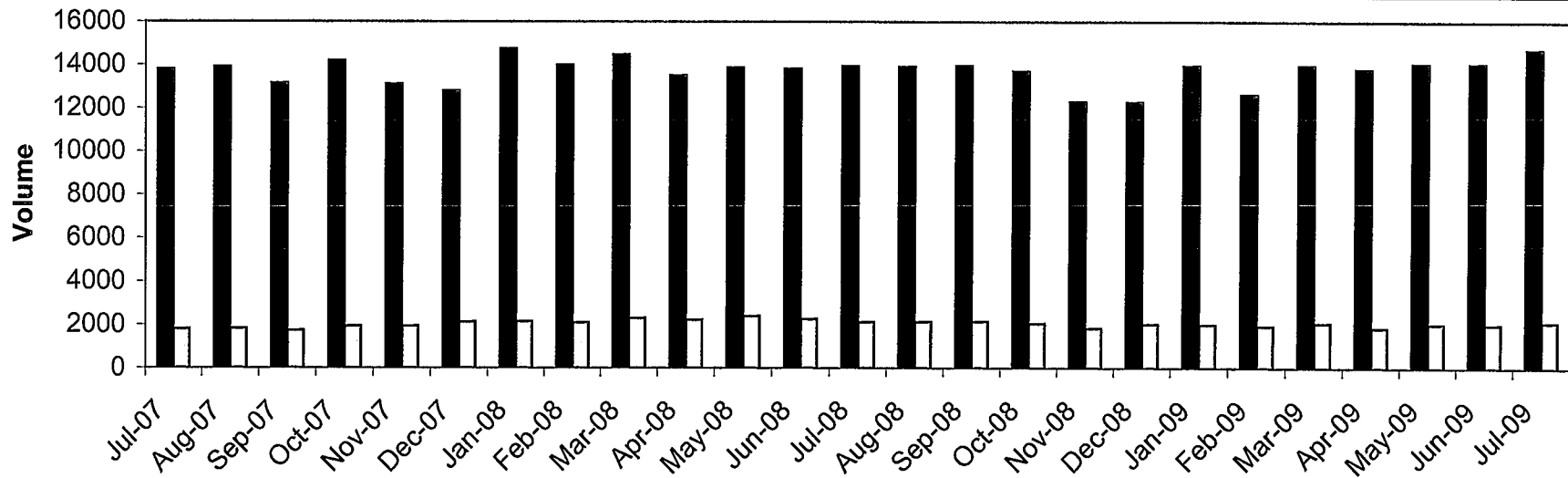
Attachments

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

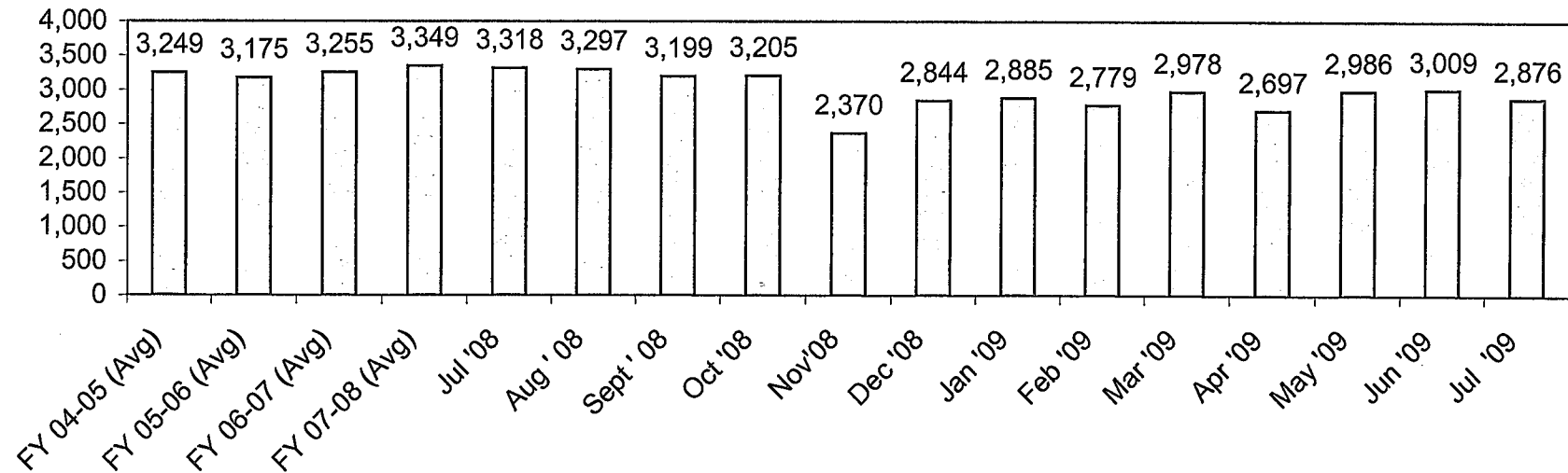
LAC+USC Medical Center Workload Summary

ED/ Admission Volume

■ #ED Reg
□ #IP Adm From ED



Admissions



Average Daily Census by Nursing Unit Subset, Jul-2008 to Aug-2009

